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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/772,394	01/30/2001	Peter Stangel	79731.010100	1200

22191 7590 11/07/2007
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EXAMINER	
COBANOGLU, DILEK B	

ART UNIT	PAPER NUMBER
3626	

NOTIFICATION DATE	DELIVERY MODE
11/07/2007	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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Office Action Summary	Application No.	Applicant(s)	
	09/772,394	STANGEL, PETER	
	Examiner	Art Unit	
	Dilek B. Cobanoglu	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *20 August 2007*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-3,5-9,12-15 and 17-36* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-3,5-9,12-15 and 17-36* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *6/14/2001, 8/30/2001*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 08/20/2007 has been entered.

2. Claims 4, 10-11 and 16 had been previously canceled, claims 1-3, 5-9, 12-15, 17-36 remain pending in this application.

Specification

3. Claim 1 is objected to because of the following informalities: Claim 1 recites in part (b) that "the verification module determines an authorization level for the diagnosis by referring to at least data in identified user interface fields fields..."; the word "fields" repeated one after the other in this part of the claim. Examiner considers that it is a typographic error. Appropriate correction is required.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

5. Claims 1-3, 5-9, 12-15, 17-21, 23-28, 30-31, 33-35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259) in view of Hayward et al. (hereinafter Hayward) (U.S. Patent No. 5,574,828).

A. As per claim 1, Campbell discloses a computer implemented patient clinical encounter information collection system, comprising:

i. a server, wherein the server comprises at least one database, and wherein the at least one database stores patient clinical encounter information (Campbell; col. 3, lines 42-50, lines 55-64 and col. 5, lines 3-12);

ii. a user interface, wherein the user interface comprises a plurality of fields (Campbell; col. 3, lines 35-47, col. 1, lines 62 to col. 2, line 13), wherein the arrangement of the plurality of fields is fixed and the plurality of fields are arranged as on a clinical chart, wherein the user interface presents the plurality of fields in a single screen such that the user need not scroll the screen when entering data in the plurality of fields, wherein the user interface facilitates the entry, by a user, of patient clinical encounter information (Campbell; col. 13, lines 58-65, Figure 5), wherein the user interface facilitates the selection, by a user, of at least a

diagnosis, and wherein the user interface is stored on the server (Campbell; col. 1, lines 62-64, col. 3, lines 55-64, Figures 5, 9, 10, 13);

iii. a client device, wherein the client device is communicatively coupled to the server, wherein the client device retrieves the user interface from the server (Campbell; col. 3, line 45 to col. 4, line 11), presents the user interface to the user, receives patient clinical encounter information from the user, and submits the patient clinical encounter information to the server (Campbell; col. 14, lines 19-29, Figure 5), wherein the client device further comprises:

a) a navigation module, wherein the navigation module modifies the contents of at least a subset of the plurality of fields presented by the user interface in response to the diagnosis selected by the user (Campbell; col. 14, lines 3-35, Figure 9-10);

b) a verification module, wherein the verification module determines an authorization level for the diagnosis by referring to at least data in identified user interface fields, the verification module determining said authorization level prior to submission of the patient clinical encounter information to the server (Campbell; col. 5, lines 33-61).

- Campbell fails to expressly teach a subset of plurality of fields comprises a pop-up list. However, this feature is well known in the art, as evidenced by Hayward.

  In particular, Hayward discloses a subset of plurality of fields comprises a pop-up list (Hayward; col. 16, line 49 to col. 17, line 3).

  It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hayward with the motivation of generating second program automatically based on the answers to the questions (Hayward; abstract).

Applicant's arguments will be addresses below in the "Response to Arguments" section.

B. As per claim 2, Campbell discloses the system of claim 1, wherein said user interface further facilitates selection of one or more criteria corresponding to the selected diagnosis, and wherein the one or more criteria are selected by the navigation module from a set of criteria stored in a criteria database and are presented to the user in one of the plurality of fields (Campbell; col. 14, lines 30-52).

C. As per claim 3, Campbell discloses the system of claim 2, wherein said authorization level is determined at least in part by the selected criteria (Campbell; col. 5, lines 35-61).

D. As per claim 5, Campbell discloses the system of claim 1, wherein said verification module is coupled to a rule database, wherein the rule database retrieves stored rules from the server, and wherein the rule database is employed by the verification module in determining said authorization level (Campbell; col. 6, lines 23-36).

E. As per claim 6, Campbell discloses the system of claim 5, wherein the rule database stores at least two levels of rules, said levels comprising:

i. a criteria level, the criteria level rules determining a criteria status by referring to data from the identified fields of said clinical record (Campbell; col. 16, line 66 to col. 17, line 7); and

ii. a diagnosis level, the diagnosis level rules determining a diagnosis authorization level by referring to the criteria status of associated criteria (Campbell; col. 5, lines 33-61 and col. 17, lines 8-10).

F. As per claim 7, Campbell discloses the system of claim 1, wherein: at least a subset of the plurality of fields presented in the user interface are related in a hierarchical manner, and wherein the navigation module changes the content of at least a subset of the plurality of fields based on selections made therein by the user (Campbell; col. 12, line 59 to col. 13, line 18).

G. Claim 8 has been amended now to recite a method for facilitating the submission of a clinical record for automated processing, comprising:

i. providing selection interface, in a single screen, wherein the selection interface facilitates selection by a user of one of a plurality of predetermined clinical data types (Campbell; col. 12, lines 14-21), the predetermined clinical data types comprising data necessary for creating at least a record of the symptoms associated with a patient and a diagnosis (Campbell; col. 12, lines 13-20, Figure 4-5);

ii. receiving a selection from said selection interface; and providing at least one data field in response to said selection, wherein the data field is selected by a navigation module, wherein the data field is added to the selection interface, and wherein the data field is a quantified data field associated with an objective criteria, and whereby said quantified data field facilitates automated processing of said clinical record (Campbell; col. 12, lines 13-20, Figure 4-5).

H. Claim 9 has been amended now to recite a method of generating an electronic clinical record, comprising:

i. receiving a diagnosis from a user via a user interface running on a client device (Campbell; col. 16, lines 33-42);

ii. permitting the user to select a criteria from a pre-defined list of criteria associated with the entered diagnosis, the criteria associated with a rule required for confirming the entered diagnosis, the criteria associated with at least one finding (Campbell; col. 16, lines 43-54);

iii. receiving from the user data corresponding to at least a subset of the at least one finding associated with the user selected criteria (Campbell; col. 12, line 59 to col. 13, line 20);

iv. verifying, on the client device, that all necessary data associated with the diagnosis has been received from the user (Campbell; col. 12, line 59 to col. 13, line 20);

v. transmitting the data received from the user to a server; and generating an electronic clinical record based on the data received from the user (Campbell; col. 12, line 59 to col. 13, line 20 and col. 17, lines 8-10)

I. Claim 12 has been amended now to recite an interface for entering data for evaluation of a clinical encounter, comprising an interactive set of lists, wherein each of the lists in the interactive set of lists has its own domain (Campbell; col. 17, lines 46-52, Figure 10), wherein each of the lists in the interactive set of lists is displayed as a separate pop-up button list, within a single screen, wherein at least a subset of the lists in the interactive set of lists are hierarchically related (Campbell; col. 12, line 59 to col. 13, line 20), and wherein the interactive set of lists is formatted to be similar to a clinical chart (Campbell; col. 1, line 62 to col. 2, line 13).

J. As per claim 13, Campbell discloses the interface of claim 12 further comprising a display area, wherein the display area displays a parameter and at

least one corresponding finding by displaying each parameter proximate to the associated at least one finding (Campbell; col. 16, line 66 to col. 17, line 7, Figure 5).

Examiner considers that observations would include related parameters.

K. As per claim 14, Campbell discloses the interface of claim 12 further comprising a data entry area, wherein the data entry area is adapted to facilitate entry of more than one finding for a parameter (Campbell; col. 13, line 58 to col. 14, line 8, Figure 5).

L. Claim 15 has been amended now to recite a method for processing patient clinical data by a health care organization, comprising:

i. establishing a server computer, wherein a plurality of forms facilitating the entry of patient clinical data in clinical chart form are stored on the server computer (Campbell; col. 5, lines 33-38, Figures3-7), wherein a first set of rules are stored on the server computer, the first set of rules facilitating the authorization of at least one diagnosis based on associated clinical patient encounter criteria (Campbell; col. 6, lines 23-36), and wherein a second set of rules are stored on the server computer, the second set of rules facilitating the evaluation of clinical patient encounter data (Campbell; col. 16, line 66 to col. 17, line 7);

ii. establishing a user site (Campbell; col. 5, lines 33-38, Figure 2); interconnecting the server computer and the user site (Campbell; col. 5, lines 33-38, Figure 2);

iii. retrieving from the server computer at least one of the plurality of forms for display and editing at the user site, the first set of rules and the second set of rules (Campbell; col. 12, lines 13-20);

iv. configuring at least a first subset of forms to apply the first set of rules to at least a first subset of inputs entered into the first subset of forms, wherein the first set of rules are applied at the user site (Campbell; col. 6, lines 23-30);

v. configuring at least a second subset of forms to apply the second of set of rules to at least a second subset of inputs entered into the second subset of forms, wherein the second set of rules are applied at the user site (Campbell; col. 16, line 66 to col. 17, line 7);

vi. receiving patient clinical encounter data from at least one user interacting with the user site (Campbell; col. 16, lines 33-54); and

vii. processing the received patient clinical encounter data automatically at the user site in accordance with the first and second set of rules (Campbell; col. 6, lines 23-36, col. 16, line 66 to col. 17, line 7).

M. As per claim 17, Campbell discloses the method of claim 15, wherein the first set of rules and the second set of rules are applied when a user enters the

information associated therewith into the user form (Campbell; col. 6, lines 23-36, col. 16, line 66 to col. 17, line 7).

N. As per claim 18, Campbell discloses a method for facilitating the single screen submission of patient clinical data in a computer implemented patient care review system, comprising:

i. providing a clinical element selection interface, the clinical element selection interface facilitating the selection of a clinical element, wherein the selectable clinical elements comprise at least one of history and exam (Campbell; col. 13, lines 58-65);

ii. providing a system/group selection interface, the system/group selection interface facilitating the selection of a system/group associated with the selected clinical element and wherein the system/group interface is populated based on the selected clinical element (Campbell; col. 13, line 66 to col. 14, line 8); and

iii. providing a parameter selection interface, the parameter selection interface facilitating the selection of a parameter associated with the selected system/group, and wherein the parameter selection interface is populated based on the selected system/group; wherein the element selection interface, the system/group selection interface, and the parameter selection interface are displayed within a single screen (Campbell; col. 13, line 66 to col. 14, line 8, Figure 5).

O. As per claim 19, Campbell discloses a method for providing an indication of appropriateness of a patient clinical encounter to a user of an electronic clinical charting system, wherein the electronic clinical charting system facilitates the submission of diagnosis-relevant clinical data associated with the patient clinical encounter, comprising:

i. providing a criteria selection interface on a client computing device, wherein the criteria selection interface allows the user to select a diagnosis-based criteria (Campbell; col. 16, lines 33-42);

ii. receiving diagnosis related data from the user (Campbell; col. 16, line 66 to col. 17, line 10);

iii. applying a verification rule to the received data, wherein the verification rule is applied on by the client computing device (Campbell; col. 16, line 66 to col. 17, line 10); and

iv. providing a verification result indication, the indication provided within each selected criterion in the criteria selection interface, and wherein the indication conveys each criterion authorization level (Campbell; col. 16, line 66 to col. 17, line 10).

P. As per claim 20, Campbell discloses the method of claim 19, wherein patient clinical encounter information is presented on a user computer with relevant clinical data in clinical format that is familiar to clinicians and healthcare reviewers (Campbell; col. 3, lines 35-47, col. 16, lines 23-30).

Q. As per claim 21, Campbell discloses the method of claim 20, wherein criteria guided clinical data entry is done by users who are at least one of clinicians or clinician aids at the site of the patient encounter (Campbell; col. 2, lines 14-21, col. 5, lines 33-61).

R. As per claim 23, Campbell discloses the interface of claim 12, wherein at least four lists are displayed and include at least one of an Element list, a System/Group list, a Parameter list, and a Finding list (Campbell; col. 12, lines 14-21, col. 12, line 59 to col. 13, line18, Figure 4).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

S. As per claim 24, Campbell discloses the interface of claim 23, wherein the at least four lists are hierarchically related, and wherein a selection in one pop-up list populates at least the next lower pop-up button list in the hierarchy (Campbell; col. 12, line 59 to col. 13, line18, Figure 4).

T. As per claim 25, Campbell discloses the interface of claim 23, wherein

i. selection of an entry in the Element list populates the System/Group list with available entries (Campbell; col. 12, line 59 to col. 13, line18),

ii. selection of an entry in the System/Group list populates the Parameter list with available entries (Campbell; col. 13, line 58-65),

iii. selection of an entry in the Parameter list populates the Finding list with available entries (Campbell; col. 13, line 58 to col. 14, line 8), and

iv. selection of an entry in a Finding list either:

a) enters the selected Finding with the selected Parameter into a chart note data field in the clinical chart formatted on-screen display (Campbell; col. 13, line 58 to col. 14, line 8); or

b) prompts a user to enter a numeric value to be associated with the Finding, and wherein the Finding and its associated value, along with the selected Parameter, are entered into a chart note data field in the clinical chart formatted on screen display (Campbell; col. 13, line 58 to col. 14, line 8).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

U. As per claim 26, Campbell discloses the interface of claim 25, wherein a selection in a criteria list populates the Element list, System/Group list, Parameter list and Finding list to enable the user to select the Finding (Campbell; col. 12, line 59 to col. 13, line 18 and col. 13, line 58 to col. 14, line 8).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

V. As per claim 27, Campbell discloses the interface of claim 26, wherein only two steps are necessary to enter diagnosis-relevant clinical data:

a) a selection in the criteria list which either prompts selection of a finding from the Finding List (Campbell; col. 13, line 58 to col. 14, line 8, Figure 4-5), or

b) for a numerical finding, selects the finding and prompts for the numerical value (Campbell; col. 13, line 58 to col. 14, line 8, Figure 4-5).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

W. As per claim 28, Campbell discloses the interface of claim 27, where similarly a selection in an additional info list sets the Element list, System/Group list, Parameter list and Finding list to enable the user to select the Finding (Campbell; col. 13, line 58 to col. 14, line 8, Figure 4-5).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

X. As per claim 30, Campbell discloses the system of Claim 7, wherein the verification module further comprises a plurality of criteria rules, and wherein the criteria rules are evaluated by the verification module to determine whether data

entered by the user meets one or more criteria for determining an authorization level (Campbell; col. 5, lines 33-61).

Y. As per claim 31, Campbell discloses the system of Claim 1, wherein the communicative coupling between the client and the server comprises an Internet connection (Campbell; col. 5, lines 19-32).

Z. As per claim 33, Campbell discloses the method of Claim 9, wherein the data received from the user is transmitted to the server via the Internet (Campbell; col. 5, lines 19-32).

AA. As per claim 34, Campbell discloses the method of Claim 15, wherein the server site and the user site are interconnected via the Internet (Campbell; col. 5, lines 19-32).

BB. As per claim 35, Campbell discloses the method of Claim 19, wherein the criteria selection interface is obtained from a server, and wherein the server and the client computing device are interconnected via the Internet (Campbell; col. 5, lines 33-61).

6. Claims 22, 29 and 36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259), Hayward et al. (hereinafter Hayward) (U.S. Patent No. 5,574,828), Johnson et al. (hereinafter Johnson) (U.S. Patent No. 5,664,109) and further in view of Cummings, Jr. (hereinafter Cummings) (U.S. Patent No. 5,301,105).

A. As per claim 22, Campbell discloses the method of claim 21 wherein criteria guided entry of relevant clinical data is made in a screen display requiring no scrolling (Campbell; col. 13, lines 58-65, Figure 5), and wherein the screen display expedites transformation of physical patient charts into electronic format for review by health care review organizations.

Campbell fails to expressly teach transformation of physical patient charts into electronic format. However, this feature is well known in the art, as evidenced by Johnson.

In particular, Johnson discloses transformation of physical patient charts into electronic format (Johnson; abstract and col. 2, lines 13-42).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Johnson with the motivation of providers able to use their preexisting information systems to send documents to a central data processing system and collection and analysis of patient information without imposing significant extra cost (Johnson; col. 2, lines 13-42).

Campbell fails to expressly teach transformation of physical patient charts for review by health care review organizations. However, this feature is well known in the art, as evidenced by Cummings.

In particular, Cummings discloses transformation of physical patient charts for review by health care review organizations (Cummings; abstract and col. 2, line 65 to col. 3, line 2).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Cummings with the motivation of improving diagnosis, treatment and cost effectiveness (Cummings; col. 3, lines 3-6).

B. Claim 29 has been amended now to recite an electronic clinical record creation and review system comprising:

i) a user interface, provided by a client computing device, wherein the user interface prompts for clinically relevant inputs which are used to generate an electronic record of a patient clinical encounter, wherein the clinically relevant inputs comprise a diagnosis and at least one patient symptom, wherein the at least one symptom is clinically relevant to the diagnosis, and wherein sufficient symptoms are prompted for, whereby the diagnosis is verified on the client computing device (Campbell; col. 1, line 62 to col. 2, line 13);

ii) a communications interface, whereby the electronic clinical record is transmitted to a health care reviewing organization for review; and

iii) a clinical data evaluation module, wherein the clinical data evaluation module automatically evaluates clinical data stored in the electronic clinical record for individual criteria and for the patient clinical encounter, wherein the review

comprises at least a review of the diagnosis, the clinical data comprising patient symptoms (Campbell; col. 16, line 66 to col. 17, line 7).

- The obviousness of modifying the teaching of Campbell to include electronic clinical record is transmitted to a health care reviewing organization for review (as taught by Cummings) is as addressed above in the rejection of claim 22 and incorporated herein.

C. As per claim 36, Campbell discloses the system of claim 29, wherein the communications interface facilitates transmission of the clinical record to the health care reviewing organization via the Internet. Campbell discloses communications interface facilitates transmission of the clinical record via the Internet (Campbell; col. 5, lines 33-61)

- The obviousness of modifying the teaching of Campbell to include electronic clinical record is transmitted to a health care reviewing organization for review (as taught by Cummings) is as addressed above in the rejection of claim 22 and incorporated herein.

7. Claim 32 is rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259), Hayward et al. (hereinafter Hayward) (U.S. Patent No. 5,574,828), Johnson et al. (hereinafter Johnson) (U.S. Patent No. 5,664,109), Cummings, Jr. (hereinafter Cummings) (U.S. Patent No. 5,301,105) and further in view of Kaker et al. (hereinafter Kaker) (U.S. Patent Publication No. 2001/0037218 A1).

A. A. As per claim 32, Campbell discloses the method of claim 8.

Campbell fails to expressly teach at least one data field are provided via an HTML web page on the Internet. However, this feature is well known in the art, as evidenced by Kaker.

In particular, Kaker discloses at least one data field are provided via an HTML web page on the Internet (Kaker; paragraphs: 0055-0056).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Kaker with the motivation of medical professionals, hospitals, organizations to access letters and forms (Kaker; paragraph: 0004).

Response to Arguments

9. Applicant's arguments filed 08/20/2007 have been fully considered but they are not persuasive. Applicant's arguments will be addressed in the order in which they appear.

A. In response to applicant's argument that the references (Campbell or Hayward) fail to show "the consolidation of the requisite data entry fields into a single screen"; Examiner respectfully submits that claim 1 recites "a user interface, wherein the user interface comprises a plurality of fields (Campbell; col. 3, lines 35-47, col. 1, lines 62 to col. 2, line 13)... wherein the user interface

presents the plurality of fields in a single screen such that the user need not scroll the screen when entering data in the plurality of fields..."(Campbell; col. 13, lines 58-65, Figure 5). Campbell teaches a single entry screen in the cited sections and in figure 5. In particular, Campbell teaches "FIG. 5 illustrates an example of a physical exam screen used to record information about a patient's overall condition. The Overall Condition Screen 500 includes the banner 502, a control bar 504 across the bottom, and a variety of graphical user interface controls for collecting input (text or cursor control device) and for displaying output (including numerical data, observations recorded as text, and graphical data generated by the server)." (Campbell; col. 13, lines 58-65) And Campbell continues on col. 13, line 66 to col. 14, line 8 that "The graphical user interface controls prompt the user to enter information because they display an item to be observed and then give the user an option to make some observation for that item. For example, in this screen, the user can select the overall condition or temperature observation by checking a check button (e.g., 510, 512). The user can enter numerical data such as temperature via a graphical box 514 that allows the user to scroll through a range of numbers. In addition, the user can enter or select text input from drop-down boxes (e.g., 516)." Therefore Campbell teaches a user interface that has a single screen with plurality of fields such that the user need not scroll the screen when entering data in the plurality of fields.

B. In response to applicant's argument that the references (Campbell or Hayward) fail to show "the use of navigation module, or the use of a client-side verification module which determines an authorization level for the diagnosis prior to submitting it to the server"; Examiner respectfully submits that the navigation module in claim 1 is "to modify the contents of at least a subset of the plurality of fields presented by the user interface in response to the diagnosis selected by the user" and Campbell teaches "The data displayed in this (exam screen in fig. 5) and other exam screens is dynamic in that it is updated by the server soon after it is entered. Thus, the screens reflect up-to-the-minute data, some of which may have been entered just moments ago on the same or a different client computer. The interface screens are formatted to display information about a patient, and the system draws this information from the patient's records, which are updated each time new information is entered at any client computer. When the user selects a screen for display, the patient data in the display is drawn from the current patient records on the server." (col. 14, lines 19-35). The verification module in claim 1 is to "determine an authorization level for diagnosis by referring to at least data in identified user interface fields, wherein verification module determines the authorization level prior to submission of the patient clinical encounter information to the server"; Campbell teaches "The server's database management software manages access to server functions and data in the databases by authenticating access to

databases or functions on the data. Specifically, the server 202 maintains a table that lists computers and users indexed to data and functions that the computer or user can access. Another authentication table tracks provider teams, which are typically comprised of a doctor, nurse and receptionist. This table keeps track of who is logged into the system and determines, based on who is logged in, what functions and data each person will be able to access. For example, if a nurse is checked in, the nurse will be able to make preliminary medical observations, but will not be able to access diagnostic screens and make diagnosis." (Campbell; col. 6, lines 23-36).

C. In response to applicant's argument that the references (Campbell or Hayward) fail to show "providing a selection interface in a single screen or a selecting a data field by a navigation module and adding it to the selection interface"; Examiner respectfully submits that claim 8 recites "selection interface facilitates selection by a user of one of a plurality of predetermined clinical data types..., providing at least one data field in response to said selection, wherein the data field is selected by a navigation module, wherein the data field is added to the selection interface" Campbell teaches in col. 12, lines 13-20, that "FIG. 4 shows an example of the Physical Examination Screen 400. This screen includes the following graphical elements: the client patient banner 402, the presenting complaint box 404, a preventative care box 406, a tentative diagnosis box 408, a series of buttons 410 that list and navigate to screens used to obtain input and

guide the user through the physical exam, and control buttons 412-416 for changing the status of the exam." The boxes explained in the cited sections can be selection interface in a single screen (physical condition), and the navigation module is explained in the section B above, where the system gets the data about the patient from different records and updates the database.

D. In response to applicant's argument that the references (Campbell or Hayward) fail to show "the verification of a user-entered data on the client device"; Examiner respectfully submits that Campbell teaches "The server's database management software manages access to server functions and data in the databases by authenticating access to databases or functions on the data. Specifically, the server 202 maintains a table that lists computers and users indexed to data and functions that the computer or user can access. Another authentication table tracks provider teams, which are typically comprised of a doctor, nurse and receptionist. This table keeps track of who is logged into the system and determines, based on who is logged in, what functions and data each person will be able to access. For example, if a nurse is checked in, the nurse will be able to make preliminary medical observations, but will not be able to access diagnostic screens and make diagnosis." (Campbell; col. 6, lines 23-36).

E. In response to applicant's argument that the references (Campbell or Hayward) fail to show "applying and processing first and second rules at the user

site"; Examiner respectfully submits that Campbell teaches "The server's database management software manages access to server functions and data in the databases by authenticating access to databases or functions on the data. Specifically, the server 202 maintains a table that lists computers and users indexed to data and functions that the computer or user can access. Another authentication table tracks provider teams, which are typically comprised of a doctor, nurse and receptionist. This table keeps track of who is logged into the system and determines, based on who is logged in, what functions and data each person will be able to access. For example, if a nurse is checked in, the nurse will be able to make preliminary medical observations, but will not be able to access diagnostic screens and make diagnosis." (Campbell; col. 6, lines 23-36). And Campbell teaches "The rule out list is a list of possible diagnosis automatically generated by the server. The rule out list is generated from a table that keeps a list of all ailments called the "all ailments table." Each item within the all ailments table has observations potentially associated with it. The actual observations made during the physical examination are matched against the list of observations associated with ailments. Ailments which match are then added to the diagnosis rule out list. The doctor can select a diagnosis by clicking on an item in the rule out list. When the doctor does so, the client sends a message to the server indicating the selected diagnosis. The server removes the diagnosis

from the rule out list, adds it to the tentative diagnosis, and determines which abnormal observations are linked to the diagnosis."

F. In response to applicant's argument that the references (Campbell or Hayward) fail to show "facilitating the single screen submission of patient clinical data"; Examiner respectfully submits that claim 18 recites "the parameter selection interface are displayed within a single screen", which can be seen particularly in figure 5 and col. 13, line 66 to col. 14, line 8.

G. In response to applicant's argument that the references fail to show certain features of applicant's invention, it is noted that the features upon which applicant relies (i.e., consolidating patient clinical data entry and submission into a single screen) are not recited in the rejected claim 19. Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).

H. In response to applicant's argument that the references (Campbell or Hayward) fail to show "interactive set of lists are displayed within a single screen"; Examiner respectfully submits that Campbell teaches "FIG. 4 shows an example of the Physical Examination Screen 400. This screen includes the following graphical elements: the client patient banner 402, the presenting complaint box 404, a preventative care box 406, a tentative diagnosis box 408, a series of buttons 410 that list and navigate to screens used to obtain input and

guide the user through the physical exam, and control buttons 412-416 for changing the status of the exam." (col. 12, lines 14-20 and figure 4) and "FIG. 5 illustrates an example of a physical exam screen used to record information about a patient's overall condition. The Overall Condition Screen 500 includes the banner 502, a control bar 504 across the bottom, and a variety of graphical user interface controls for collecting input (text or cursor control device) and for displaying output (including numerical data, observations recorded as text, and graphical data generated by the server)"(Campbell; figure 5 and col. 13, line 66 to col. 14, line 8).

I. In response to applicant's argument that the references (Campbell or Hayward or Johnson or Cummings) fail to show "client computing device verifies a diagnosis prior to transmission to a health care reviewing organization"; Examiner respectfully submits that Campbell teaches in col. 16, line 66 to col. 17, line 10 that "the doctor can select a diagnosis by clicking on an item in the rule out list. When the doctor does so, the client sends a message to the server indicating the selected diagnosis".

J. In response to applicant's argument that the references (Campbell or Hayward or Johnson or Cummings or Kaker) fail to show "selection interface and at least one data field are provided via an HTML web page on the Internet"; Examiner respectfully submits that paragraph 0075 of the application recites "[0075] Preferably, the screens of the utilization system are web page screens.

The controls are common web page controls, as is known. The data is preferably provided to the authorization agency as part of digital reporting and records. In one embodiment, a text file is transmitted to the agency on a weekly basis." Campbell fails to expressly teach at least one data field are provided via an HTML web page on the Internet. Campbell teaches a software system implemented in a network configuration and the communications are over a wide area network such as internet. However, Kaker teaches "hyperlinked web pages and HTML (hyper text markup language)" in paragraphs 0055 and 0056. Therefore these references can be combined with the motivation of medical professionals, hospitals, organizations to access letters and forms (Kaker; paragraph 0004) as described above in the rejection of claim 32.

Conclusion

10. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used prior art teach Medical network management system and process 5471382 A, Medical network management system and process 5764923 A, Human factored interface incorporating adaptive pattern recognition based controller apparatus 5774357 A, System and method for managing patient medical records 5772585 A, Network media access control system for encouraging patient compliance with a treatment plan 5933136 A, Dynamic, self-modifying graphical user interface for relational database applications 5950190 A, Medical network management article of manufacture 5964700 A, Integrated system and

method for ordering and cumulative results reporting of medical tests 6018713 A, System for screening of medical decision making incorporating a knowledge base 6049794 A, Integrated emergency medical transportation database system 6117073 A, Outcomes profile management system for evaluating treatment effectiveness 6177940 B1, Health care data manipulation and analysis system 6230142 B1, Disease management system and method including correlation assessment 20010012913, Method and system for automated data storage and retrieval 6308171 B1, Augmentation system for documentation 20010042080, System, method and article of manufacture for managing a medical services network 20010051881, Provider claim editing and settlement system 6341265 B1, Method and system for navigation and data entry in hierarchically-organized database views 6381611 B1, Media recording device with packet data interface 20020151992, Apparatus and method for computerized multi-media data organization and transmission 6597392 B1, Health monitoring and diagnostic device and network-based health assessment and medical records maintenance system 6602469 B1, Methods for matching, selecting, narrowcasting, and/or classifying based on rights management and/or other information 7092914 B1.

11. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

12. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

13. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

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Art Unit 3626
10/17/2007

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